

SAMPLE ADULT CORE
Section 1 --IDENTIFICATION

No emancipated minor respondent is allowed for this section. If the FAMILY respondent is an emancipated minor then skip this section and complete the CHILD section if applicable.

>SADULT<

**FR: THE SAMPLE ADULT PERSON IS {FILL SAMPLE ADULT NAME}. THE NEXT QUESTIONS MUST BE ANSWERED BY THIS PERSON.
- NO PROXIES ARE PERMITTED. PROBE AS NECESSARY TO DETERMINE THE AVAILABILITY OF {FILL SAMPLE ADULT NAME}.**

(1) Available (2) Not Available

>AIDVERF1<
AID.030

FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE SAMPLE ADULT BEFORE PROCEEDING:

(1) Yes (2) No

>AIDVERF1< Gender = { male/female } Is it correct?

>AIDVERF2< Age = { 3 digit format } Is it correct?

>AIDVERF3< Birthday = { spoken word format } Is it correct?

Check Item: If >AIDVERF1< equals (2) go to AID.040; If >AIDVERF2< equals (2) go to AID.050; If >AIDVERF3< equals (2) go to AID.060.

FR: ASK IF APPROPRIATE; OTHERWISE, ENTER YOUR BEST GUESS OF THE PERSON'S SEX.

>AIDSEX<
AID.040

Is { sample adult name } Male or Female?

(1) Male
(2) Female
(7) Refused
(9) Don't know

>AIDAGE<
AID.050

(0-120) 0-120 years old
(997) Refused
(999) Don't know

>AIDDOB<

AID.060

What is {sample adult name} birthday?

- | | | |
|--------------|------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |

>AIDDOB_M< MONTH: _____

>AIDDOB_D< DAY: _____

>AIDDOB_Y< YEAR: _____

>NO_MORE<

FR: {sample adult name} IS NO LONGER THE SAMPLE ADULT FOR THIS FAMILY

Enter (P) to proceed

(go to next section)

Section VI - DEMOGRAPHICS

Check Item ASDCCI2: CAPI: If FSD.050 in family core equals <1-4> then go to ASD.050; If HH respondent is not the sample adult and FSD.050 equals <R,D> go to ASD.060

>WRKVER<

ASD.050 Earlier I recorded that in the last week you were [Fill DOINGLW answer code description].
Is that correct?

- (1) Yes (Check item DOINGWL2)
- (2) No (ASD.060)
- (7) Refused (Check item DOINGWL2)
- (9) Don't know (Check item DOINGWL2)

>WRKCOR<

ASD.060 **FR: VERIFY OR ASK.**
What is your correct working status?

- (1) Working for pay at a job or business
- (2) With a job or business but not at work
- (3) Looking for work
- (4) Working, but not for pay, at a job or business
- (5) Not working at a job or business and not looking for work
- (7) Refused

Check Item DOINGLW2: Refer to FSD.050, ASD.050 and ASD.060

“Corrected Employment Status Last Week”, with the following values:

- (1) Working for pay at a job or business
- (2) With a job or business but not at work
- (3) Looking for work
- (4) Working but not for pay at a job or business
- (5) Not working at a job or business and not looking for work
- (7) Refused
- (9) Don't Know

WHYNOWK2

ASD.065

[If WRKVER eq <2> AND DOINGLW2 eq <2>, display]

What is the main reason {you/subject name} did not work last week?

[Else if WRKVER eq <2> AND DOINGLW2 eq <5> then display]

What is the main reason {you/subject name} did not have a job or business last week?

- (01) Taking care of house or family
- (02) Going to school
- (03) Retired
- (04) On a planned vacation from work
- (05) On family or maternity leave
- (06) Unable to work for health reasons
- (07) On layoff
- (08) Disabled
- (09) Have job contract/off-season
- (10) Other
- (97) Refused
- (99) Don't know

EVERWRK

ASD.066

Have you ever held a job or worked at a business?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

[If EVERWRK=2,7,9 goto SMOKD1; else go to WHOWRK]**>WHOWRK<**

ASD.070

[If DOINGLW2 eq <1,2,4>, display]

For whom did you work at your MAIN job or business? (Name of company, business, organization or employer)

[Else if EVERWRK eq <1> and WHYNOWK2 = 03 or AGE ge 65, then display]

Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer)

[Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65, then display]

Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization or employer)

Job or business: _____

- (7) Refused
- (9) Don't know

>KINDIND<

ASD.080

What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

Kind of business: _____

(7) Refused

(9) Don't know

>KINDWRK<

ASD.090

What kind of work were you doing?
(For example: farming, mail clerk, computer specialist.)

Kind of work: _____

(7) Refused

(9) Don't know

>IMPACT<

ASD.100

What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

Activities: _____

(7) Refused

(9) Don't know

>WRKCAT<

ASD.110

FR: SHOW FLASHCARD A1.

[If DOINGLW2 eq <1,2,4> then display:]

Looking at the card, which of these best describes your current job or work situation?

[Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] then display:]

Looking at the card, which of these best describes the job you held for the longest time?

[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] then display:]

Looking at the card, which of these best describes the job you held most recently?

FR: READ IF NECESSARY.

- (1) An employee of a PRIVATE company, business, or individual for wages, salary, or commission
- (2) A FEDERAL government employee
- (3) A STATE government employee
- (4) A LOCAL government employee
- (5) Self-employed in OWN business, professional practice or farm
- (6) Working WITHOUT PAY in family business or farm
- (7) Refused
- (9) Don't know

>BUSINC<

ASD.112

Is this business incorporated?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>LOCALLNO< **FR: SHOW FLASHCARD A2.**

ASD.120

Thinking about {this MAIN job or business/your last week at the job you held the longest/you last week at the job you held most recently}, how many people work(ed) at this location?

NOTE to FR: "People" includes both FULL- and PART-time employees; "location" refers to the street address of the workplace.

- | | |
|---------------------|----------------------------|
| (1) 1-9 employees | (5) 100-249 employees |
| (2) 10-24 employees | (6) 250-499 employees |
| (3) 25-49 employees | (7) 500-999 employees |
| (4) 50-99 employees | (8) 1000 employees or more |
| | (97) Refused |
| | (99) Don't know |

>WRKLONG<

ASD.140

About how long {have you worked/did you work} at this {MAIN job or business/job you held the longest/job you held most recently}?

- | [] Number | [] Time Period | |
|------------------|-----------------|----------------|
| (1-365) 1-365 | (1) Day(s) | (4) Years |
| (997) Refused | (2) Weeks(s) | (7) Refused |
| (999) Don't know | (3) Month(s) | (9) Don't know |

>WRKLONGH<

ASD.146

[If DOINGLW2 eq 1,2,4, display]

Is this MAIN job or business the job you have held for the longest?

[Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65 then display]

Was your most recently held job also the job you held the longest?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>HOURPD<

ASD.150 { Are you/Were you }paid by the hour on this { MAIN job or business /job you held the longest/job you held most recently }?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>PDSICK<

ASD.160 { Do you/Did you ever } have paid sick leave on this { MAIN job or business /job you held the longest/job you held most recently }?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

CHECK ITEM: If DOINGLW2 eq <1,2,4> then go to ONEJOB; Else go to SMOKD1;]

>ONEJOB<

ASD.170 Do you have more than one job or business?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

The next question is about your home

>SMOKA1<

ASD.180.010 Do you have at least one working smoke alarm on each floor of your home? Include a finished basement or attic.

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

Section II -- ADULT CONDITIONS

Now I am going to ask you about certain medical conditions.

>HYPEV<

ACN.010

Have you EVER been told by a doctor or other health professional that you had... Hypertension, also called high blood pressure?

- (1) Yes (ACN.020)
- (2) No (ACN.020.010)
- (7) Refused (ACN.020.010)
- (9) Don't know (ACN.020.010)

>HYPDIFV<

ACN.020

Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

- (1) Yes
- (2) No
- (7) Refused

>HYBPCK<

ACN.020.010

About how long has it been since you had your blood pressure checked by a doctor, nurse, or health professional?

@NO Number

@TP Time Period

- | | | |
|-----------------|------------|----------------|
| (0) Never | (1) Days | |
| (1-94) 1-94 | (2) Weeks | |
| (95) 95+ | (3) Months | (7) Refused |
| (97) Refused | (4) Years | (9) Don't know |
| (99) Don't know | | |

<Never>, goto ACN.020.030; else goto ACN.020.020

>HYBPLEV<

ACN.020.020

At that time, were you told that your blood pressure was high, normal, or low? (H)

- (1) Not told
- (2) High
- (3) Normal
- (4) Low
- (5) Borderline
- (7) Refused
- (9) Don't know

>CLCK<

ACN.020.030

About how long has it been since you had your blood cholesterol checked by a doctor, nurse, or other health professional?

@NO Number

(00) Never

(1-94) 1-94

(95) 95+

(97) Refused

(99) Don't know (blind)

@TP Time Period

(1) Days

(2) Weeks

(3) Months

(4) Years

(7) Refused

(9) Don't know

<Never>, goto ACN.031; else goto ACN.020.040

>CLHI<

ACN.020.040

Have you ever been told by a doctor or other health professional that your blood cholesterol level was high? (H)

(1) Yes

(2) No

(7) Refused

(9) Don't know

>C1<

ACN.031

FR: READ LEAD-IN IF NECESSARY:

Have you EVER been told by a doctor or other health professional that you had ...

(1) Yes (2) No (7) Refused (9) Don't know

... Coronary heart disease?

... Angina, also called angina pectoris?

... A heart attack (also called myocardial infarction)

... Any kind of heart condition or heart disease
(other than the ones I just asked about)?

... A stroke?

... Emphysema?

@CHDEV

@ANGEV

@MIEV

@HRTEV

@STREV

@EPHEV

>AASMEV<

ACN.080

FR: READ LEAD-IN IF NECESSARY:

Have you EVER been told by a doctor or other health professional that you had asthma? (H)

(1) Yes (ACN.085)

(2) No (ACN.110)

(7) Refused (ACN.110)

(9) Don't know (ACN.110)

>AASSTILL<

ACN.085

Do you still have asthma?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>AASMYR<

ACN.090

DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack? (H)

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

Check Item ACNCCI1: If AASSTILL =2,D,R AND AASMYR=2,D,R goto ULCEV; else goto ACNCCI2

Check Item ACNCCI2: If AASMYR=2,D,R, goto AWZPIN; Else goto AASMERYR

>AASMERYR<

ACN.100

DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma? (H)

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>AASMHSR<

ACN.100.010

DURING THE PAST 12 MONTHS, have you stayed overnight in a hospital because of asthma?

FR: IF IN HOSPITAL FOR ASTHMA AND OTHER REASONS, ENTER "1".

- (1) Yes (ACN.100.020)
- (2) No (ACN.100.030)
- (7) Refused (ACN.100.030)
- (9) Don't know (ACN.100.030)

>AASMMC<

ACN.100.020

After (the last time) you left the hospital, did a health professional talk with you about long term management of your asthma?

- (1) Yes
- (2) No
- (3) Still in hospital
- (7) Refused
- (9) Don't know

>AWZMSWK<

ACN.100.030

DURING THE PAST 12 MONTHS, HOW MANY DAYS were you UNABLE to work because of your asthma?

FR READ IF NECESSARY: FOR HOMEMAKERS THIS INCLUDES WORK AROUND THE HOUSE.

FR: ENTER 996 IF RESPONDENT UNABLE TO DO THIS ACTIVITY

- (0) None
- (1- 365) 1 - 365
- (996) Unable to do this activity
- (997) Refused
- (999) Don't know

>AWZPIN<

ACN.100.040

Have you ever used a PRESCRIPTION inhaler? (H)

- (1) Yes (ACN.100.050)
- (2) No (ACN.100.080)
- (7) Refused (ACN.100.080)
- (9) Don't know (ACN.100.080)

>AASMINST<

ACN.100.050

Has a health professional shown you how to use your inhaler?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>AASMPMED<

ACN.100.060

Now I'm going to ask you about two different kinds of ASTHMA medicine. One is for quick relief. The other does not give quick relief but protects your lungs AND PREVENTS SYMPTOMS OVER THE LONG TERM.

DURING THE PAST 3 MONTHS, have you used the kind of PRESCRIPTION inhaler THAT YOU BREATHE IN THROUGH YOUR MOUTH, that gives QUICK relief from asthma symptoms? (H)

- (1) Yes (ACN.100.070)
- (2) No (ACN.100.080)
- (7) Refused (ACN.100.080)
- (9) Don't know (ACN.100.080)

>AASMCAN<

CHS.100.070

DURING THE PAST 3 MONTHS did you use more than three canisters of this type of inhaler?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>AASMED<

ACN.100.080

Have you ever taken the preventive kind of ASTHMA medicine used every day to protect your lungs and keep you from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

- (1) Yes (ACN.100.090)
- (2) No (ACN.100.100)
- (7) Refused (ACN.100.100)
- (9) Don't know (ACN.100.100)

>AASMDTP<

ACN.100.090

Are you NOW taking this medication (that protects your lungs) daily or almost daily?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>AASWMP<

ACN.100.100

An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you an asthma management plan?

FR: READ IF NECESSARY: INCLUDE NURSES AND ASTHMA EDUCATORS

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>AASCLASS<

ACN.100.110 Have you ever taken a course or class on how to manage asthma yourself? (H)

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>AAS<

ACN.100.120 Has a doctor or other health professional ever taught you...

- (1) Yes (2) No (7) Refused (9) Don't know

...how to recognize early signs or symptoms of an asthma episode?

@REC

...how to respond to episodes of asthma?

@RES

...how to monitor peak flow for daily therapy?

@MON

>AAPENVLN<

ACN.100.130 Has a doctor or other health professional ever advised you to change things in your home, school, or work to improve your asthma?

- (1) Yes (ACN.100.140)
- (2) No (ACN.110)
- (3) Was told no changes needed (ACN.110)
- (7) Refused (ACN.110)
- (9) Don't know (ACN.110)

AAPENVDO<

ACN.100.140 How much of this advice did you follow? Would you say none, a little, some, most, or all?

- (0) None
- (1) A little
- (2) Some
- (3) Most
- (4) All
- (7) Refused
- (9) Don't know

>ULCEV<

ACN.110

FR: READ LEAD-IN IF NECESSARY:

Have you EVER been told by a doctor or other health professional that you had ...

... An ulcer?

This could be a stomach, duodenal or peptic ulcer.

- (1) Yes (ACN.120)
- (2) No (ACN.130)
- (7) Refused (ACN.130)
- (9) Don't know (ACN.130)

>ULCYR<

ACN.120 DURING THE PAST 12 MONTHS have you had an ulcer?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>CANEV<

FR: READ LEAD-IN IF NECESSARY:

ACN.130 Have you EVER been told by a doctor or other health professional that you had ...

... Cancer or a malignancy of any kind?

- (1) Yes (ACN.140)
- (2) No (ACN.160)
- (7) Refused (ACN.160)
- (9) Don't know (ACN.160)

>CANKIND<

ACN.140 What kind of cancer was it?

FR: MARK UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, CODE "96" IN THE FOURTH BOX. ENTER (N) FOR NO MORE. (H)

- | | | |
|----------------------|--------------------------|----------------------------------|
| (1) Bladder | (12) Leukemia | (23) Skin (DK what kind) |
| (2) Blood | (13) Liver | (24) Soft Tissue (muscle or fat) |
| (3) Bone | (14) Lung | (25) Stomach |
| (4) Brain | (15) Lymphoma | (26) Testis |
| (5) Breast | (16) Melanoma | (27) Throat - pharynx |
| (6) Cervix | (17) Mouth/tongue/lip | (28) Thyroid |
| (7) Colon | (18) Ovary | (29) Uterus |
| (8) Esophagus | (19) Pancreas | (30) Other |
| (9) Gallbladder | (20) Prostate | (96) More than 3 kinds |
| (10) Kidney | (21) Rectum | (97) Refused |
| (11) Larynx-windpipe | (22) Skin (non-melanoma) | (99) Don't know |

@1 @2 @3 @4

>CANAGE<

ACN.150 How old were you when cancer was first diagnosed? (H)

FR: ENTER (N) FOR NO MORE

{CANKIND@1 in words/Refused/Don't know}
(1-100) 1-100 years
(997) Refused
(999) Don't know

@1 Age in years

{CANKIND@2 in words/Refused/Don't know}
(1-100) 1-100 years
(997) Refused
(999) Don't know

@2 [Age in years]

{CANKIND@3 in words/Refused/Don't know}
(1-100) 1-100 years
(997) Refused
(999) Don't know

@3 [Age in years]

Check item: If CANKIND=5 goto BRCANDIG; else goto DIBEV

>BRCANDIG<

ACN.150.010

FR: SHOW FLASHCARD A3.

How was your breast cancer found?

- (1) Found by myself by accident
- (2) Found by myself during a self breast examination
- (3) Found by my spouse or partner
- (4) Found by a physician during routine breast exam
- (5) Found by a mammogram
- (6) Other (specify) (ACN.150.020)

>BRCANOTH<

ACN.150.020

FR: ENTER SPECIFIED WAY BREAST CANCER WAS FOUND

Allow 75 characters

>**DIBEV**<
ACN.160

[If Female, add:]

Other than during pregnancy,

[endif]

Have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes? (H)

- (1) Yes (ACN.170)
- (2) No (ACN.201)
- (3) Borderline (ACN.201)
- (7) Refused (ACN.201)
- (9) Don't know (ACN.201)

>**DIBAGE**<
ACN.170

How old were you when a doctor FIRST told you that you had diabetes or sugar diabetes? (H)

- (1-100) 1-100 years of age
- (997) Refused
- (999) Don't know

>**INSLN**<
ACN.180

Are you NOW taking insulin?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>**DIBPILL**<
ACN.190

Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>**DIBHP**<
ACN.190.010

Is there ONE medical doctor that you usually see for your diabetes? Do not include other health professionals such as nurses or dieticians.

- (1) Yes (ACN.190.020)
- (2) No (ACN.190.030)
- (7) Refused (ACN.190.030)
- (9) Don't know (ACN.190.030)

>DIBHPYR<

ACN.190.020

How many times have you seen this medical doctor in the past 12 months?

FR: ENTER 365 FOR 365 OR MORE TIMES.

- (0) Zero
- (1-365) 1-365 times
- (97) Refused
- (99) Don't know

@T Times

>DIBNDYR<

ACN.190.030

DURING THE PAST 12 MONTHS, how many times have you seen a nurse or dietician for your diabetes? Do not include medical doctors.

FR: ENTER 365 FOR 365 OR MORE TIMES.

- (0) Zero
- (1-365) 1-365 times
- (97) Refused
- (99) Don't know

@T Times

>DIBGL<

ACN.190.040

On average, about how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (H)

@NO times per

- (0) Never
- (1-995) 1-995
- (996) Unable to do this type activity
- (997) Refused
- (999) Don't know

@TP time period

- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (6) Unable to do his activity
- (7) Refused
- (9) Don't know

>DIBA1CKN<

ACN.190.050

Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated he-mo-glo-bin] or hemoglobin "A one C" ? (H)

- (1) Yes (ACN.190.060)
- (2) No (ACN.190.090)
- (7) Refused (ACN.190.090)
- (9) Don't know (ACN.190.090)

>DIBA1CCK<

ACN.190.060 DURING THE PAST 12 MONTHS, how many times has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin [gli-KOS-ilated he-mo-glo-bin] or hemoglobin “A one C”? (H)

FR: ENTER 53 FOR 53 OR MORE TIMES.

- (0) Zero (ACN.190.090)
- (1-52) 1-52 Times (ACN.190.070)
- (53) 53+ times (ACN.190.070)
- (97) Refused (ACN.190.090)
- (99) Don't know (ACN.190.090)

>DIBA1CLL<

ACN.190.070 What was your last hemoglobin “A one C” level?

- (1) Less than 7
- (2) 7 or more, but not more than 8
- (3) More than 8, but not more than 9
- (4) More than 9, but not more than 10
- (5) More than 10
- (7) Refused
- (9) Don't know

>DIBA1CSL<

ACN.190.080 What does your doctor, nurse or other health professional say your hemoglobin “A one C” level should be?

- (1) Less than 7
- (2) 8 or less
- (3) 9 or less
- (4) 10 or less
- (5) More than 10
- (6) No goal specified
- (7) Refused
- (9) Don't know

>DIBFTCK<

ACN.190.090 DURING THE PAST 12 MONTHS, how many times has a health professional checked your feet for any sores or irritations? (H)

FR: ENTER 53 FOR 53 OR MORE TIMES.

- (0) Zero
- (1-52) 1-52 Times
- (53) 53+ times
- (97) Refused
- (99) Don't know

>DIBCK<

ACN.190.100 About how often do you check your feet for sores or irritations?

@NO times per

(0) Never

(1-995) 1-995

(996) Unable to do this
type activity

(997) Refused

(999) Don't know

@TP time period

(1) Day

(2) Week

(3) Month

(4) Year

(6) Unable to do his activity

(7) Refused

(9) Don't know

>DIBEYCKL<

ACN.190.110 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(1) Less than 1 month

(2) 1 to 12 months

(3) 13 to 24 months

(4) More than 2 years

(5) Never

(7) Refused

(9) Don't know

>C2<

ACN.201 DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had...

(1) Yes (2) No (7) Refused (9) Don't know

... Hay fever?

... Sinusitis?

... Chronic bronchitis?

... Weak or failing kidneys? - Do not include kidney
stones, bladder infections or incontinence.

... Any kind of liver condition?

@AHAYFYR

@SINYR

@CBRCHYR

@KIDWKYR

@LIVYR

>JNTSYMP<

ACN.250 The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

(1) Yes (ACN.260)

(2) No (ACN.290)

(7) Refused (ACN.290)

(9) Don't know (ACN.290)

>JMTHP<
ACN.260

FR: MARK ALL THAT APPLY. ENTER 'N' FOR NO MORE.
Which joints are affected? **FR: SHOW FLASHCARD A4**

- | | | |
|--------------------|-----------------------------|-----|
| (1) Shoulder-right | (10) Knee-left | (H) |
| (2) Shoulder-left | (11) Ankle-right | |
| (3) Elbow-right | (12) Ankle-left | |
| (4) Elbow-left | (13) Toes-right | |
| (5) Hip-right | (14) Toes-left | |
| (6) Hip-left | (15) Fingers/thumb-right | |
| (7) Wrist-right | (16) Fingers/thumb-left | |
| (8) Wrist-left | (17) Other joint not listed | |
| (9) Knee-right | (97) Refused {blind} | |
| | (99) Don't know {blind} | |

@1 @2 @3 @4 @5 @6 @7 @8 @9 @10 @11 @12 @13 @14 @15 @16 @17

>JNTPN<
ACN.260.010

Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

- (0-10)
(97) Don't know {blind}
(99) Refused {blind}

>JNTCHR<
ACN.270

Did your joint symptoms FIRST begin more than 3 months ago?

- (1) Yes
(2) No
(7) Refused {blind}
(9) Don't know {blind}

>JNTHP<
ACN.280

Have you EVER seen a doctor or other health professional for these joint symptoms?

- (1) Yes
(2) No
(7) Refused {blind}
(9) Don't know {blind}

>ARTH<
ACN.290

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (H)

- (1) Yes
(2) No
(7) Refused {blind}
(9) Don't know {blind}

Check Item ACNCCI3: IF JNTSYMP=1 or ARTH=1 go to ARTHWT; else goto PAINECK.

>ARTHWT<

ACN.290.010 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

- (1)Yes
- (2)No
- (7)Refused {blind}
- (9)Don't know {blind}

>ARTHPH<

ACN.290.020 Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

- (1)Yes
- (2)No
- (7)Refused {blind}
- (9)Don't know {blind}

>ARTHCLS<

ACN.290.030 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

- (1)Yes
- (2)No
- (7)Refused {blind}
- (9)Don't know {blind}

>ARTHLMT<

ACN.295 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (H)

- (1)Yes
- (2)No
- (7)Refused {blind}
- (9)Don't know {blind}

>ARTHWRK<

ACN.295.010 In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

- (1)Yes
- (2)No
- (7)Refused
- (9)Don't know

>PAINNECK<

ACN.300

The following questions are about pain you may have experienced in the PAST THREE MONTHS.
Please refer to pain that LASTED A WHOLE DAY OR MORE.
Do not report aches and pains that are fleeting or minor.

During the PAST THREE MONTHS, did you have...

... Neck pain? (H)

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>PAINLB<

ACN.310

FR: READ LEAD-IN IF NECESSARY:

During the PAST THREE MONTHS, did you have...

...Low back pain? (H)

- (1) Yes (ACN.320)
- (2) No (ACN.331)
- (7) Refused (ACN.331)
- (9) Don't know (ACN.331)

>PAINLEG<

ACN.320

Did this pain spread down either leg to areas below the knees?(H)

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>PFA_MIG<

ACN.331

FR: READ LEAD-IN IF NECESSARY:

During the PAST THREE MONTHS, did you have...

(1) Yes (2) No (7) Refused (9) DK

... Facial ache or pain in the jaw muscles or the joint in front of the ear? (H) @F
... Severe headache or migraine? @M

>ACOLD2W<

FR: HAND CALENDAR CARD.

These next questions are about your recent health during the TWO WEEKS outlined on that calendar.

ACN.350 Did you have a head cold or chest cold that started during those TWO WEEKS?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>AINTIL2W<

ACN.360 Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those TWO WEEKS?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

Check Item ACNCCI10: If SEX=1 or If SEX=2 AND AGE ge 50 go to HEAR Aid; else goto PREGNOW.

>PREGNOW<

ACN.370 Are you currently pregnant?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

These next questions are about your hearing and vision.

>HEAR Aid<

ACN.410 Have you ever worn a hearing aid?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't Know

>AHEARST<

ACN.420 Which statement best describes your hearing without a hearing aid: good, a little trouble, a lot trouble, deaf?

- (1) Good
- (2) Little trouble
- (3) Lot of trouble
- (4) Deaf
- (7) Refused
- (9) Don't know

>AVISION<

ACN.430 Do you have any trouble seeing, even when wearing glasses or contact lenses?

- (1) Yes (ACN.440)
- (2) No (ACN.451)
- (7) Refused (ACN.451)
- (9) Don't know (ACN.451)

>ABLIND<

ACN.440 Are you blind or unable to see at all?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>LUPPRT<

ACN.451

Have you lost all of your upper and lower natural (permanent) teeth?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>MHSAD_CK<

Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

FR: SHOW FLASHCARD A5.

@ Enter (P) to Proceed

>C4<

ACN.471

During the PAST 30 DAYS, how often did you feel...

ALL of the time (1)	MOST of the time (2)	SOME of the time (3)	A LITTLE of the time (4)	NONE of the time (5)	Refused (7)	Don't know (9)	(H)
------------------------------	-------------------------------	-------------------------------	-----------------------------------	-------------------------------	----------------	----------------------	-----

... So sad that nothing could cheer you up?

@SAD

... Nervous?

@NER

... Restless or fidgety?

@RES

... Hopeless?

@HPL

... That everything was an effort?

@AEF

... Worthless?

@WRL

>ACNCCI20<

**CAPI: [If C4@SAD or C4@NER or C4@RES or C4@HPL or C4@AEF or C4@WRL
in <1-3> then goto MHAMTMO; else goto A_COND_END]**

>MHAMTMO<

ACN.530

We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all? (H)

- (1) A lot
- (2) Some
- (3) A little
- (4) Not at all
- (7) Refused
- (9) Don't know

>A_COND_END<

Part B -- Limitation of Activities

>SPECEQ<

AHS.070

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>FLWALK_1<

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

>C5<

FR: SHOW FLASHCARD A6.

AHS.091

By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL
DIFFICULT
(0)

ONLY A LITTLE
DIFFICULT
(1)

SOMEWHAT
DIFFICULT
(2)

VERY
DIFFICULT
(3)

CAN'T DO
AT ALL
(4)

DO NOT
DO THIS
ACTIVITY
(6)

(7) Refused

(9) Don't know

>C5<_FLWAL< ... Walk a quarter of a mile - about 3 city blocks?

>C5<_FLCLI< ... Walk up 10 steps without resting?

>C5<_FLSTA< ... Stand or be on your feet for about 2 hours?

>C5<_FLSIT< ... Sit for about 2 hours?

>C5<_FLSTO< ... Stoop, bend, or kneel?

>C5<_FLREA< ... Reach up over your head?

>C6<

FR: SHOW FLASHCARD A6.

AHS.141

By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL
DIFFICULT
(0)

ONLY A LITTLE
DIFFICULT
(1)

SOMEWHAT
DIFFICULT
(2)

VERY
DIFFICULT
(3)

CAN'T DO
AT ALL
(4)

DO NOT
DO THIS
ACTIVITY
(6)

(7) Refused

(9) Don't know

>C6<_FLGRA< ... Use your fingers to grasp or handle small objects?

>C6<_FLCAR< ... Lift or carry something as heavy as 10 pounds
such as a full bag of groceries?

>C6<_FLPUS< ... Push or pull large objects like a living room chair?

>C7<

FR: SHOW FLASHCARD A6.

FR: READ LEAD-IN IF NECESSARY:

AHS.171 By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL DIFFICULT (0)	ONLY A LITTLE DIFFICULT (1)	SOMEWHAT DIFFICULT (2)	VERY DIFFICULT (3)	CAN'T DO AT ALL (4)	DO NOT DO THIS ACTIVITY (6)
	(7) Refused	(9) Don't know			

>C7<_FLSHO< ... Go out to things like shopping, movies, or sporting events?

>C7<_FLSOC< ... Participate in social activities such as visiting friends, attending clubs and meetings, going to parties...?

>C5<_FLREL< ... Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music...)?

Check item AHSCCI3: If C5@FLWALK or C5@FLCLIMB or C5@FLSTAND or C5@FLSIT or C5@FLSTOOP or C5@FLREACH or C6@FLGRASP or C6@FLCARRY or C6@FLPUSH or C7@FLSHOP or C7@FLSOCL or C7@FLRELX is<1-4>, then goto AFLHCA; Else, goto SMKEV (next section).

>AFLHCA1a<

AHS.200 What condition or health problem causes you to have difficulty with {names of up to 3 specified activities/these activities}?

FR: SHOW FLASHCARD A7 DO NOT READ. ENTER ALL THAT APPLY, BUT DO NOT PROBE. ENTER (M) TO ENTER OTHER CONDITIONS THAT ARE NOT ON THE FLASHCARD. ENTER (N) FOR NO MORE.

- _1(1) Vision/problem seeing
- _2(2) Hearing problem
- _3(3) Arthritis/rheumatism
- _4(4) Back or neck problem
- _5(5) Fracture, bone/joint injury
- _6(6) Other injury
- _7(7) Heart problem
- _8(8) Stroke problem
- _9(9) Hypertension/high blood pressure
- _10(10) Diabetes
- _11(11) Lung/breathing problem(e.g., asthma and emphysema)
- _12(12) Cancer
- _13(13) Birth defect
- _14(14) Mental retardation
- _15(15) Other developmental problem (e.g. cerebral palsy)
- _16(16) Senility
- _17(17) Depression/anxiety/emotional problem
- _18(18) Weight problem

<M> for OTHER, including more conditions

>AFLHCA1b<
-AFLHCA1b-

AHS.205

What conditions or health problems cause {your/subject name's} limitations?

**FR: DO NOT READ. CODE ALL THAT APPLY, BUT DO NOT PROBE.
ENTER NUMBER FOR CONDITION MENTIONED OR ENTER 36 AND/OR 37 TO
ENTER OTHER SPECIFIED CONDITION. ENTER (N) FOR NO MORE.**

- _19(19) Missing limbs (fingers, toes or digits), amputee
- _20(20) Kidney, bladder or renal problems
- _21(21) Circulation problems (including blood clots)
- _22(22) Benign Tumors, Cysts
- _23(23) Fibromyalgia, lupus
- _24(24) Osteoporosis, tendonitis
- _25(25) Epilepsy, seizures
- _26(26) Multiple Sclerosis (MS), Muscular Dystrophy (MD)
- _27(27) Polio(myelitis), paralysis, para/quadruplegia
- _28(28) Parkinson's disease, other tremors
- _29(29) Other nerve damage, including carpal tunnel syndrome
- _30(30) Hernia
- _31(31) Ulcer
- _32(32) Varicose veins, hemorrhoids
- _33(33) Thyroid problems, Grave's disease, gout
- _34(34) Knee problems (not arthritis (03), not joint injury(05))
- _35(35) Migraine headaches (not just headaches)
- _36(36) Other impairment/problem (Specify one)
- _37(37) Other impairment/problem (Specify one)
- (97) Refused
- (99) Don't know/not sure

>AFLSPEC<
AHS.201

**FR: THESE SHOULD BE NAMES OF SPECIFIC CONDITIONS THAT ARE NOT
ON THE CONDITION LIST.**

>AFLSPEC_36 First condition: _____

>AFLSPEC_37 Second condition: _____

>AHCL01<
-AHCL01-
AHS.300

How long have you had vision problems or problem seeing?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)

- (95) 95+
- (96) Since birth
- (97) Refused
- (99) Don't Know

@TI Time Period

- (1) Days(s)
- (2) Week(s)
- (3) Month(s)
- (4) Year(s)
- (6) Since Birth
- (7) Refused
- (9) Don't Know

>AHCL02<
-AHCL02-
AHS.301

How long have you had hearing problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL03<
-AHCL03-
AHS.302

How long have you had arthritis or rheumatism?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL04<
-AHCL04-
AHS.303

How long have you had back or neck problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL05<
-AHCL05-
AHS.304

How long have you had fractures, bone/joint injury?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL06<
-AHCL06-
AHS.305

How long have you had other injury?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL07<
-AHCL07-
AHS.306

How long have you had heart problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL08<
-AHCL08-
AHS.307

How long have you had stroke problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL09<
-AHCL09-
AHS.308

How long have you had hypertension or high blood pressure?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL10<
-AHCL10-
AHS.309

How long have you had diabetes?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL11<
-AHCL11-
AHS.310

How long have you had lung problem or breathing problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL12<
-AHCL12-
AHS.311

How long have you had Cancer?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL14<
-AHCL14-
AHS.313

How long have you had mental retardation?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL15<
-AHCL15-
AHS.314

How long have you had other developmental problems (e.g. cerebral palsy)?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL16<
-AHCL16-
AHS.315

How long have you had senility?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL17<
-AHCL17-
AHS.316

How long have you had depression/ anxiety/emotional problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL18<
-AHCL18-
AHS.317

How long have you had weight problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL19<
-AHCL19-
AHS.318

How long have you had a missing limb/finger/digit?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL20<
-AHCL20-
AHS.319

How long have you had kidney/bladder/renal problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL21<
-AHCL21-
AHS.320

How long have you had circulation problems?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL22<
-AHCL22-
AHS.321

How long have you had benign tumors/cyst?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL23<
-AHCL23-
AHS.322

How long have you had fibromyalgia/lupus?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL24<
-AHCL24-
AHS.323

How long have you had osteoporosis/tendonitis?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL25<
-AHCL25-
AHS.324

How long have you had epilepsy/seizures?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL26<
-AHCL26-
AHS.325

How long have you had multiple sclerosis (MS)/muscular dystrophy (MD)?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL27<
-AHCL27-
AHS.326

How long have you had polio (mylitis) ,paralysis, para-quadruplegia/paralysis?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL28<
-AHCL28-
AHS.327

How long have you had Parkinson's/tremors?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL29<
-AHCL29-
AHS.328

How long have you had other nerve damage/carpal tunnel syndrome?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL30<
-AHCL30-
AHS.329

How long have you had a hernia?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL31<
-AHCL31-
AHS.330

How long have you had an ulcer?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL32<
-AHCL32-
AHS.331

How long have you had varicose veins/hemorrhoids?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL33<
-AHCL33-
AHS.332

How long have you had thyroid problem/Grave's disease/gout?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL34<
-AHCL34-
AHS.333

How long have you had knee problems?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)
(95) 95+
(96) Since birth
(97) Refused
(99) Don't Know

@TI Time Period
(1) Days(s) (6) Since Birth
(2) Week(s) (7) Refused
(3) Month(s) (9) Don't Know
(4) Year(s)

>AHCL35<

-AHCL35-

AHS.334

How long have you had migraine headaches?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)

(95) 95+

(96) Since birth

(97) Refused

(99) Don't Know

@TI Time Period

(1) Days(s)

(2) Week(s)

(3) Month(s)

(4) Year(s)

(6) Since Birth

(7) Refused

(9) Don't Know

>AHCL36<

-AHCL36-

AHS.335

How long have you had {problem in AFLSPEC_35}?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)

(95) 95+

(96) Since birth

(97) Refused

(99) Don't Know

@TI Time Period

(1) Days(s)

(2) Week(s)

(3) Month(s)

(4) Year(s)

(6) Since Birth

(7) Refused

(9) Don't Know

>AHCL37<

-AHCL37-

AHS.336

How long have you had {problem in AFLSPEC_37}?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

@NU Number (ENTER "96" IF SINCE BIRTH)

(95) 95+

(96) Since birth

(97) Refused

(99) Don't Know

@TI Time Period

(1) Days(s)

(2) Week(s)

(3) Month(s)

(4) Year(s)

(6) Since Birth

(7) Refused

(9) Don't Know

Section V - HEALTH BEHAVIORS
Part A - Tobacco

These next questions are about cigarette smoking.

>SMKEV<

AHB.010 Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

- (1) Yes (AHB.020)
- (2) No (AHB.085)
- (7) Refused (AHB.085)
- (9) Don't know (AHB.085)

>SMKREG<

AHB.020 How old were you when you FIRST started to smoke fairly regularly?

FR: IF LESS THAN 6 YEARS OLD, ENTER "6".

- (6-94) 6-94 years of age
- (95) 95 years or older
- (96) Never smoked regularly
- (97) Refused
- (99) Don't know

>SMKNOW<

AHB.030 Do you NOW smoke cigarettes every day, some days or not at all?

- (1) Every day (AHB.050)
- (2) Some days (AHB.060)
- (3) Not at all (AHB.040)
- (7) Refused (AHB.060)
- (9) Don't know (AHB.060)

>SMKQT<

AHB.040 How long has it been since you quit smoking cigarettes?

- | @NO Number | @TP Time Period |
|-----------------|-----------------|
| (1-94) 1-94 | (1) Days |
| (95) 95+ | (2) Weeks |
| (97) Refused | (3) Months |
| (99) Don't know | (4) Years |
| | (7) Refused |
| | (9) Don't know |

>SMKQTD<

AHB.045 Have you quit smoking since { current month in word format }
current year-1?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>CIGSDA1<

AHB.050

On the average, how many cigarettes do you now smoke a day?

FR: IF LESS THAN A1", ENTER A1".

(1-94) 1-94 cigarettes (AHB.080)

(95) 95+ cigarettes (AHB.080)

(97) Refused (AHB.080)

(99) Don't know (AHB.080)

>CIGDAMO<

AHB.060

On how many of the PAST 30 DAYS did you smoke a cigarette?

(0) None (AHB.080)

(1-30) Days (AHB.070)

(97) Refused (AHB.070)

(99) Don't know (AHB.070)

>CIGSDA2<

AHB.070

On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

FR: IF LESS THAN "1", ENTER "1".

(1-94) 1-94 cigarettes (AHB.080)

(95) 95+ cigarettes (AHB.080)

(97) Refused (AHB.080)

(99) Don't know (AHB.080)

>CIGQTYR<

AHB.080

DURING THE PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

(1) Yes

(2) No

(7) Refused

(9) Don't know

Part B - Physical Activity

>PHYSACT<

AHB.085

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

FR: ENTER "P" TO CONTINUE.

>VIG<

AHB.090

How often do you do VIGOROUS activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?

@NO times per

(0) Never (AHB.110)

(1-995) 1-995

(996) Unable to do this

type activity (AHB.110)

(997) Refused (AHB.110)

(999) Don't know (AHB.110)

@TP time period

(1) Day

(2) Week

(3) Month

(4) Year

>VIGLONG<

AHB.100

About how long do you do these vigorous activities each time?

@NO number

____(1-995) 1-995

(997) Refused (AHB.110)

(999) Don't know (AHB.108)

@TP time period

(1) Minutes

(2) Hours

>VIGLONGD<

AHB.108

Each time you do these vigorous activities, do you do them 20 minutes or more, or less than 20 minutes?

(1) Less than 20 minutes

(2) 20 Minutes or more

(7) Refused

(9) Don't know

>MOD<

AHB.110

How often do you do LIGHT OR MODERATE activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?

@NO times per

(0) Never (AHB.130)

(1-995) 1-995

(996) Unable to do this

type activity (AHB.130)

(997) Refused (AHB.130)

(999) Don't know (AHB.130)

@TP time period

(1) Day

(2) Week

(3) Month

(4) Year

>MODLONG<

AHB.120

About how long do you do these light or moderate activities each time?

@NO number

(1-995) 1-995

(997) Refused

(999) Don't know (AHB.128)

@TP time period

(1) Minutes

(2) Hours

>MODLONGD<

AHB.128 Each time you do these light or moderate activities, do you do them 20 minutes or more, or less than 20 minutes?

- (1) Less than 20 minutes
- (2) 20 Minutes or more
- (7) Refused
- (9) Don't know

>STRNGTH<

AHB.130 How often do you do physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?

@NO times per
(0) Never
(1-995) 1-995
(996) Unable to do this
type activity (AHB.140)

(997) Refused (AHB.140)
(999) Don't know (AHB.140)

@TP time period
(1) Day
(2) Week
(3) Month
(4) Year

PART C - Alcohol

These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

>ALCIYR<

AHB.140 In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

- (1) Yes (AHB.160)
- (2) No (AHB.150)
- (7) Refused (AHB.150)
- (9) Don't know (AHB.150)

>ALCLIFE<

AHB.150 In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

- (1) Yes (AHB.160)
- (2) No (AHB.190)
- (7) Refused (AHB.190)
- (9) Don't know (AHB.190)

>ALC12M<
AHB.160

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

FR: IF NECESSARY, PROMPT WITH: "HOW MANY DAYS PER WEEK, PER MONTH OR PER YEAR DID YOU DRINK?"

Number of days

@NO days per

(0) Never (AHB.190)

(1-365) 1-365

(997) Refused (AHB.190)

(999) Don't know (AHB.190)

Time Period

@ TP time period

(0) Never/None

(1) Week

(2) Month

(3) Year

>ALCMT<
AHB.170

In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

FR: IF LESS THAN 1 DRINK, ENTER "1".

(1-94) 1-94 drinks

(95) 95 and more

(97) Refused

(99) Don't know

>ALC5UP<
AHB.180

In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

FR: IF NECESSARY, PROMPT WITH: HOW MANY DAYS PER WEEK, PER MONTH OR PER YEAR DID YOU HAVE 5 OR MORE DRINKS IN A SINGLE DAY?

Number of days

@NO days per

(0) Never/none

(1-365) 1-365 days

(997) Refused

(999) Don't know

Time Period

@ TP time period

(0) Never/None

(1) Week

(2) Month

(3) Year

>AHGHT<
AHB.190

How tall are you without shoes?

(2-7) 2-7 feet

(0-11) 0-11 Inches

(97) Refused

(99) Don't know

FT Feet_____

IN Inches_____

Enter AM@ to record metric measurements.

>AHGHTM<

How tall are you without shoes?

FR: ENTER HEIGHT IN METRIC.

@M Meters_____@CM Centimeters_____

>AWGHTP<

AHB.200

How much do you weigh without shoes?

____ (50-500) 50-500 pounds

(997) Refused

(999) Don't know

Enter AM@ to record metric measurements.

>AWGHTPM<

FR: ENTER WEIGHT IN KILOGRAMS

How much do you weigh(without shoes)?_____

Section V - HEALTH CARE ACCESS AND UTILIZATION

The next questions are about health care.

>AUSUALPL<

AAU.020 Is there a place that you USUALLY go to when you are sick or need advice about your health?

- | | |
|--|--------------------------|
| (1) Yes (AAU.030) | (7) Refused (AAU.037) |
| (2) There is NO place (AAU.037) | (9) Don't Know (AAU.037) |
| (3) There is MORE THAN ONE place (AAU.030) | |

>APLKIND<

AAU.030

[If AAU.020 equals 1 read:]

What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

[If AAU.020 equals 3 read:]

What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?

- (1) Clinic or health center (AAU.035)
- (2) Doctor's office or HMO (AAU.035)
- (3) Hospital emergency room (AAU.035)
- (4) Hospital outpatient department (AAU.035)
- (5) Some other place (AAU.035)
- (6) Doesn't go to one place most often (AAU.037)
- (7) Refused (AAU.037)
- (9) Don't Know (AAU.037)

>AHCPLROU<

AAU.035

Is that {full name from AAU.030 >APLKIND<} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

- | | |
|-------------------|--------------------------|
| (1) Yes (AAU.040) | (7) Refused (AAU.037) |
| (2) No (AAU.037) | (9) Don't Know (AAU.037) |

>AHCPLKND<

AAU.037

What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

- | | |
|--|--|
| (0) Doesn't get preventive care anywhere | (4) Hospital outpatient department |
| (1) Clinic or health center | (5) Some other place |
| (2) Doctor's office or HMO | (6) Doesn't go to one place most often |
| (3) Hospital emergency room | (7) Refused |
| | (9) Don't know |

Check Item AAU CCI1: If AUSUALPL in <2,D,R> then goto AAU.061; Else goto AAU.040

>AHCCHGYR<

AAU.040 At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

- (1) Yes (AAU.050)
- (2) No (AAU.061)
- (7) Refused (AAU.061)
- (9) Don't know (AAU.061)

>AHCCHGHI<

AAU.050 Was this change for a reason related to health insurance?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>AHCDLY<

AAU.061 There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

- (1) Yes (2) No (7) Refused (9) Don't Know

>AHCLDY_1< You couldn't get through on the telephone.

>AHCLDY_2< You couldn't get an appointment soon enough.

>AHCLDY_3< Once you get there, you have to wait too long to see the doctor.

>AHCLDY_4< The (clinic/doctor's) office wasn't open when you could get there.

>AHCLDY_5< You didn't have transportation.

>AHCAFY<

AAU.111 DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

- (1) Yes (2) No (7) Refused (9) Don't Know

>AHCAFY_1< Prescription medicines

>AHCAFY_2< Mental health care or counseling

>AHCAFY_3< Dental care (including check-ups)

>AHCAFY_4< Eyeglasses

>ADENLONG<

FR: SHOW FLASHCARD A8

AAU.135

About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- (0) Never
- (1) 6 months or less
- (2) More than 6 months, but not more than 1 year ago
- (3) More than 1 year, but not more than 2 years ago
- (4) More than 2 years, but not more than 5 years ago
- (5) More than 5 years ago
- (7) Refused
- (9) Don't Know

Part C - Health Care Provider Contacts

>AHCSY1<

AAU.141

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

- (1) Yes (2) No (7) Refused (9) Don't Know

>AHCSY1_1<

A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

>AHCSY1_2<

An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?

>AHCSY1_3<

A foot doctor?

>AHCSY1_4<

A chiropractor?

>AHCSY1_5<

A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational ...therapist?

>AHCSY1_6<

A nurse practitioner, physician assistant, or midwife?

Check item AAU CCI2: If male go to AAU.211; If female go to AAU.200

>AHCSYR7<

AAU.200

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

A doctor who specializes in women's health (an obstetrician/gynecologist)?

- (1) Yes (7) Refused
- (2) No (9) Don't Know

>AHCSY8_8<

AAU.211

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist)?

- (1) Yes (7) Refused
- (2) No (9) Don't Know

>AHCSY8_9< A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

- | | |
|---------|----------------|
| (1) Yes | (7) Refused |
| (2) No | (9) Don't Know |

>AHCSYR10<
AAU.230 Does that doctor treat children and adults (a doctor in general practice or family medicine)?

- | | |
|---------|----------------|
| (1) Yes | (7) Refused |
| (2) No | (9) Don't Know |

>AHERNOYR< **FR: SHOW FLASHCARD A9**
AAU.240 DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health? (This includes emergency room visits that resulted in a hospital admission.)

- | | |
|----------------|----------------|
| (0) None | (7) Refused |
| (1) 1 | (9) Don't Know |
| (2) 2-3 | |
| (3) 4-9 | |
| (4) 10-12 | |
| (5) 13 or more | |

>AHCHYR<
AAU.250 DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

- | |
|--------------------------|
| (1) Yes (AAU.260) |
| (2) No (AAU.280) |
| (7) Refused (AAU.280) |
| (9) Don't know (AAU.280) |

>AHCHMOYR<
AAU.260 During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

- | |
|----------------------------|
| _____ (01-12) 01-12 months |
| (97) Refused |
| (99) Don't know |

>AHCHNOYR<
AAU.270 What was the total number of home visits received during {that month/those months}?

FR: SHOW FLASHCARD A10

- | | |
|---------|-----------------|
| (1) 1 | (6) 10-12 |
| (2) 2-3 | (7) 13-15 |
| (3) 4-5 | (8) 16 or more |
| (4) 6-7 | (97) Refused |
| (5) 8-9 | (99) Don't know |

>AHCNOYR<

AAU.280

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, OR TELEPHONE CALLS.

FR: SHOW FLASHCARD A9

- (0) None (6) 10-12
- (1) 1 (7) 13-15
- (2) 2-3 (8) 16 or more
- (3) 4-5 (97) Refused
- (4) 6-7 (99) Don't know
- (5) 8-9

>ASRGYR<

AAU.290

DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedure as an inpatient or outpatient?

FR: (READ IF NECESSARY) THIS INCLUDES MAJOR SURGERY AND MINOR PROCEDURES SUCH AS SETTING BONES OR REMOVING GROWTHS.

- (1) Yes (AAU.300)
- (2) No (AAU_CCI3)
- (7) Refused (AAU_CCI3)
- (9) Don't know (AAU_CCI3)

>ASRGNOYR<

AAU.300

FR: ENTER 95 FOR 95 OR MORE TIMES.

Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

- (1-94) 1-94 times
- (95) 95+ times
- (97) Refused
- (99) Don't know

Check Item AAU CCI3: If sample adult has had a doctor visit in the last 2 weeks as indicated in the family core (FHCDV2W eq <1> and any field PHCDV2W@1-6 equals the sample adult person number) then [set AMDLONG eq <1>, goto SHTFLUYR] else [goto AMDLONG].

>AMDLONG<

AAU.305

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

FR: SHOW FLASHCARD A8

- (0) Never
- (1) 6 months or less
- (2) More than 6 months but not more than 1 year ago
- (3) More than 1 year, but not more than 2 years ago
- (4) More than 2 years, but not more than 5 years ago
- (5) More than 5 years ago
- (7) Refused
- (9) Don't know

Part D - IMMUNIZATIONS

>SHTFLUYR<

AAU.310

DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

[Added for 2003, Quarter 4]: FR: READ IF NECESSARY: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

[Added for 2003, Quarter 4]

>SPRFLUYR<

AAU.315

DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

FR: READ IF NECESSARY: This influenza vaccine is called Flumist™.

>SHTPNUYR<

AAU.320

Have you EVER had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>APOX<
AAU.330

Have you EVER had chickenpox?

- (1) Yes (AAU.340)
- (2) No (AAU.350)
- (7) Refused (AAU.350)
- (9) Don't know (AAU.350)

>APOX12MO<
AAU.340

Have you had chickenpox in the PAST 12 MONTHS?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>AHEP<
AAU.350

Have you EVER had hepatitis?

- (1) Yes (AAU.370)
- (2) No (AAU.360)
- (7) Refused (AAU.360)
- (9) Don't know (AAU.360)

>AHEPLIV<
AAU.360

Have you ever lived with someone who had hepatitis?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>SHTHEPB<
AAU.370

Have you EVER received the hepatitis B vaccine?

FR: READ IF NECESSARY: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

- (1) Yes (AAU.380)
- (2) No (A_ACUT_END)
- (7) Refused (A_ACUT_END)
- (9) Don't know (A_ACUT_END)

>SHEPDOS<
AAU.380

Did {you} receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

- (1) Received at least 3 doses
- (2) Received less than 3 doses
- (7) Refused
- (9) Don't know

>A_ACUT_END<

draft

Section VII - AIDS

>BLDGV<

ADS.010

Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross. Have you donated blood since March 1985?

- (1) Yes (ADS.020)
- (2) No (ADS.040)
- (7) Refused (ADS.040)
- (9) Don't know (ADS.040)

>BLDG12M<

ADS.020

During the **PAST 12 MONTHS**, that is, since {12-month ref. date}, have you donated blood?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>HIVTST<

ADS.040

The next questions are about the test for HIV, (the virus that causes AIDS).

[If BLDGV eq <1>, display:]

Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

[Else, display:]

Have you ever been tested for HIV?

[endif]

- (1) Yes (ADS.060)
- (2) No (ADS.050)
- (7) Refused (ADS.110)
- (9) Don't know (ADS.110)

>WHYTST<

ADS.050

I am going to show you a list of reasons why some people have not been tested for HIV, the virus that causes AIDS. Which one of these would you say is the **MAIN** reason why you have not been tested?

FR: SHOW FLASHCARD A11

- (01) It's unlikely you've been exposed to HIV
- (02) You were afraid to find out if you were HIV positive (that you had HIV)
- (03) You didn't want to think about HIV or about being HIV positive
- (04) You were worried your name would be reported to the government if you tested positive
- (05) You didn't know where to get tested
- (06) You don't like needles
- (07) You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
- (08) Some other reason (ADS.055)
- (09) No particular reason
- (97) Refused
- (99) Don't Know

>WHYSPEC<

ADS.055

What was the main reason why you have not been tested?

Main reason: _____

>TST12M<

ADS.060

[If BLDG12M eq <1>]

Not including blood donations, in what month and year was your last test for HIV, (the virus that causes AIDS)?

[Else]

In what month and year was your last test for HIV, (the virus that causes AIDS)?

FR: Enter "T" for Time period

MONTH: _____ (ADS.065)

(97) Refused (ADS.061)

(99) Don't know (ADS.061)

YEAR: _____ (ADS.065)

(9997) Refused (ADS.061)

(9999) Don't Know (ADS.061)

>TIMETST<

ADS.061

Was it:

(1) 6 months or less

(2) More than 6 months but not more than 1 year ago

(3) More than 1 year, but not more than 2 years ago

(4) More than 2 years, but not more than 5 years ago

(5) More than 5 years ago

(7) Refused

(9) Don't know

FR: SHOW FLASHCARD A12.

- >REATST<** I am going to show you a list of reasons why some people have been tested for HIV, (the virus that causes AIDS).
[If BLDG12M eq <1>]
- ADS.065 Not including your blood donations, which of these would you say was the MAIN reason for your last HIV test?
[Else]
- ADS.065 Which of these would you say was the MAIN reason for your last HIV test?
[endif]
- (01) Someone suggested you should be tested (ADS.067)
 - (02) You might have been exposed through sex or drug use (ADS.070)
 - (03) You might have been exposed through your work or at work (ADS.070)
 - (04) You just wanted to find out if you were infected or not (ADS.070)
 - (05) For part of a routine medical check-up or for hospitalization or a surgical procedure (ADS.070)
 - (06) You were sick or had a medical problem (ADS.070)
 - (07) You were pregnant or delivered a baby (ADS.070)
 - (08) For health or life insurance coverage (ADS.070)
 - (09) For military induction, separation, or military service (ADS.070)
 - (10) For immigration (ADS.070)
 - (11) For marriage license or to get married (ADS.070)
 - (12) You were concerned you could give HIV to someone (ADS.070)
 - (13) You wanted medical care or new treatments if you tested positive (ADS.070)
 - (14) Some other reason (ADS.066)
 - (15) No particular reason (ADS.070)
 - (97) Refused (ADS.070)
 - (99) Don't know (ADS.070)
- >REASPEC<**
ADS.066 What was the main reason for your last HIV test?
Main reason: _____
- >REASWHO<**
ADS.067 Who suggested you should be tested—a doctor, a sex partner, someone at the health department, or someone else?
- (1) doctor, nurse, or other health care professional (ADS.070)
 - (2) sex partner (ADS.070)
 - (3) someone at health department (ADS.070)
 - (4) family member or friend (ADS.070)
 - (5) Other (ADS.068)
 - (7) Refused (ADS.070)
 - (9) Don't know (ADS.070)

>WHOSPEC<

ADS.068 Who suggested you should be tested?

Who: _____

>LASTST<

FR: SHOW FLASHCARD A13

[If BLDGV eq <1>]

ADS.070 Not including your blood donations, where did you have your last HIV test?

[Else]

ADS.070 Where did you have your last HIV test?

- (01) Private doctor/HMO (ADS.080)
- (02) AIDS clinic/counseling/testing site (ADS.080)
- (03) Hospital, emergency room, outpatient clinic (ADS.080)
- (04) Other type of clinic (ADS.072)
- (05) Public health department (ADS.080)
- (06) At home (ADS.074)
- (07) Drug treatment facility (ADS.080)
- (08) Military induction or military service site (ADS.080)
- (09) Immigration site (ADS.080)
- (10) In a correctional facility (jail or prison) (ADS.080)
- (11) Other location (ADS.076)
- (97) Refused (ADS.080)
- (99) Don't know/not sure (ADS.080)

>CLINTYP<

ADS.072 What type of clinic did you go to for your last HIV test?

- (01) Family planning clinic
- (02) Prenatal clinic
- (03) Tuberculosis clinic
- (04) STD clinic
- (05) Community health clinic
- (06) Clinic run by employer or insurance company
- (07) Other
- (97) Refused
- (99) Don't know

>WHOADM<

ADS.074 Was this test administered by a nurse or other health worker, or did you use a self-sampling kit?

- (1) Nurse or health worker (ADS.080)
- (2) Self-sampling kit (ADS.080)
- (7) Refused (ADS.080)
- (9) Don't know (ADS.080)

>LASTSPEC<

ADS.076 Where did you have your last HIV test?

FR: THIS SHOULD BE A SPECIFIC LOCATION THAT IS NOT ON THE LIST

Location: _____

>GIVNAM<

ADS.080

The last time you were tested, did you have to give your first and last names?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't Know

>EXTST12M<

[If HIVTST eq <1>]

ADS.110

Do you expect to have another test for HIV in the next 12 months, not including blood donations?

[Else]

ADS.110

Do you expect to have a test for HIV in the next 12 months, not including blood donations?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>CHNSADS<

ADS.140

What are your chances of GETTING HIV, (the virus that causes AIDS)? Would you say high, medium, low, or none?

- (1) High
- (2) Medium
- (3) Low
- (4) None
- (5) Already have HIV or AIDS
- (7) Refused
- (9) Don't know

>STMTRU<

FR: SHOW FLASHCARD A14.

ADS.150

Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH Statement or statements are true for you. Just IF ANY of them are.

- (a) You have hemophilia and have received clotting factor concentrations.
 - (b) You are a man who has had sex with other men, even just one time.
 - (c) You have taken street drugs by needle, even just one time.
 - (d) You have traded sex for money or drugs, even just one time.
 - (e) You have tested positive for HIV, the virus that causes AIDS.
 - (f) You have had sex (even just one time) with someone who would answer "yes" to any of these statements.
- (1) Yes, at least one statement is true
 - (2) No, none of these statements are true
 - (7) Refused
 - (9) Don't know

Check item: **If AGE gt or eq <50> goto ADS.200; else goto ADS.160**

>STD< The next questions are about other sexually transmitted diseases or STDs. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, chlamydia (CLUH-MIH-DEE-UH), syphilis, herpes, and genital warts.

ADS.160 In the past five years, have you had an STD other than HIV or AIDS?
**FR: IF ASKED, TELL RESPONDENT TO INCLUDE NEWLY CONTRACTED STDs
AND RECURRING FLARE-UPS OF PREVIOUSLY CONTRACTED STDs.**

- (1) Yes (ADS.170)
- (2) No (ADS.200)
- (7) Refused (ADS.200)
- (9) Don't Know (ADS.200)

>STDDOC<
ADS.170 The last time you had an STD other than HIV or AIDS, did you see a doctor or other health professional to get it checked?

- (1) Yes (ADS.180)
- (2) No (ADS.200)
- (7) Refused (ADS.200)
- (9) Don't Know (ADS.200)

>STDWHER<
ADS.180 Where did you go to be checked?

FR: READ ANSWER CHOICES ONLY IF NECESSARY.

- (1) Private doctor (ADS.200)
- (2) Family planning clinic (ADS.200)
- (3) STD clinic (ADS.200)
- (4) Emergency room (ADS.200)
- (5) Health department (ADS.200)
- (6) Some other place (ADS.190)
- (7) Refused (ADS.200)
- (9) Don't Know (ADS.200)

>STDWOTH<
ADS.190 Where did you go to be checked?

Location: _____

>TBHRD<
ADS.200 The next questions are about tuberculosis, or TB. Have you ever heard of tuberculosis?

- (1) Yes (ADS.210)
- (2) No (ADS.270)
- (7) Refused (ADS.270)
- (9) Don't Know (ADS.270)

>TBKNOW<

ADS.210

Have you ever personally known anyone who had TB?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't Know

>TB<

ADS.220

How much do you know about TB – a lot, some, a little, or nothing?

- (1) A lot (ADS.230)
- (2) Some (ADS.230)
- (3) A little (ADS.230)
- (4) Nothing (ADS.250)
- (7) Refused (ADS.270)
- (9) Don't know (ADS.270)

>TBSPRD<

ADS.230

How is TB spread?

(PROBE: Can TB be spread in any other way?)

FR: Show Flashcard A15. Mark all that apply. Enter (N) for no more.

- (1) Breathing the air around a person who is sick with TB
- (2) Sharing eating/drinking utensils
- (3) Through semen or vaginal secretions shared during sexual intercourse
- (4) From smoking
- (5) From mosquito or other insect bites
- (6) Other
- (7) Refused
- (9) Don't know

>TBCURED<

ADS.240

As far as you know, can TB be cured?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't Know

>TBCHANC<

ADS.250

What are your chances of getting TB? Would you say high, medium, low, or none?

- (1) High
- (2) Medium
- (3) Low
- (4) None
- (5) Already have TB
- (7) Refused
- (9) Don't Know

>TBSHAME<

[If TBCHANC eq <5>]

ADS.260 If a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?

[Else]

If you or a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't Know

>HOMELESS<

ADS.270 Have you ever spent more than 24 hours living on the streets, in a shelter, or in prison?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>A_AID_END<

[goto HYPPREG]